

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-040213

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5621

VS 300  
Rev. 4/59

1

2

3

4

5

6

7

8

9

10

11

12

13

USE BLACK INK

OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION  
BY AFFIDAVIT OF  
Carl H. Brust

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) KANSAS CITY		c. CITY OR TOWN KANSAS CITY	
Length of stay in 1b 74 YRS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Trinity Lutheran Hospital		d. STREET ADDRESS (If outside, give location) 4135 Genessee	
3. NAME OF DECEASED (Type or print) Amanda Elizabeth Wahlstedt		4. DATE OF DEATH Month Day Year Oct 16-1963	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH June-17-1890
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		11. BIRTHPLACE (City and state or country) Varmland, Sweden	
13a. FATHER'S NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE Charles A. Wahlstedt	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. [redacted]	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion with congestive heart failure DUE TO (b) General coronary sclerosis DUE TO (c) [redacted]		INTERVAL BETWEEN ONSET AND DEATH 1 mo - 5 years	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) fractured left femur		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Fell in home - later -	
20c. TIME OF INJURY Hour a.m. p.m. Aug 16-63	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	
20f. CITY TOWN, OR LOCATION Kansas City		COUNTY Jackson STATE Mo	
21. I attended the deceased from Aug 7-16-63 to Oct 16-63 and last saw him alive on Oct 15-63		Death occurred at 7:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE Carl H. Brust		22b. ADDRESS 106 W 14th St - K.C. Mo	
22c. DATE SIGNED Oct 17-63		22d. LOCATION (City, town, or county) (State) Kansas City Missouri	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Oct 18-1963	23c. NAME OF CEMETERY OR CREMATORY Forest Hill	
23d. FUNERAL DIRECTOR Gaten - 1901 Chilton Ave, Kansas City 3, Mo		23e. DATE RECD. BY LOCAL REG. 10-17-63	
23f. REGISTRAR'S SIGNATURE Bessie Smith		23g. [redacted]	

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Paul L. Williamson*

Licensed Embalmer No. 5009

P. O. Address Overland Park, Ks

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Mr. Brust  
Twenty  
Fifth  
9th  
Shedding